

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2019, covering calendar year ending December 31, 2018.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
30

ACCOUNT #
00062309

| | | | |
|-------------------------------|---|---|--|
| 1 NAME | TITLE; FIRST; MI The Honorable Angie C. | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/26/2019 | |
| | NICKNAME; LAST; SUFFIX Button | | |
| 2 ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP [REDACTED] | Receipt # | |
| | [REDACTED] | HD / PM Amount | |
| | <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS) | Date Processed | |
| | | Date Imaged | |
| 3 TELEPHONE NUMBER | AREA CODE PHONE NUMBER; EXTENSION [REDACTED] | | |
| 4 REASON FOR FILING STATEMENT | <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) | | |
| | <input checked="" type="checkbox"/> ELECTED OFFICER Representative District 112 (INDICATE OFFICE) | | |
| | <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY) | | |
| | <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) | | |
| | <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT | | |
| | <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) | | |
| | <input type="checkbox"/> OTHER _____ (INDICATE POSITION) | | |

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Mr. Darcy Button

DEPENDENT CHILD 1. _____
2. _____
3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | |
|---|---|---------------------------------|--|
| 1 INFORMATION RELATES TO | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT | NAME AND ADDRESS OF EMPLOYER / POSITION HELD | | |
| <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Texas House of Representatives ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE State Capitol Austin, TX 78768 POSITION HELD Representative for HD 112 | | |
| <input type="checkbox"/> SELF-EMPLOYED | NATURE OF OCCUPATION | | |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 BUSINESS ENTITY | NAME Anthem Inc. | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|--|--|---|--|
| BUSINESS ENTITY | NAME CELGENE CORP COM | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input checked="" type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME Anadarko Pete Corp | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|--|--|---|--|
| BUSINESS ENTITY | NAME Sohu.com Inc | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input checked="" type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 BUSINESS ENTITY | NAME Intercontinentalexchange Group Inc | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME BAIDU INC SPON ADR REP A | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME CHEVRON CORP NEW COM | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME QUANTA SVCS INC COM | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 BUSINESS ENTITY | NAME SINA Corp | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME UNITEDHEALTH GROUP INC COM | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|--|--|---|--|
| BUSINESS ENTITY | NAME VERIFONE HOLDINGS INC | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input checked="" type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME APPLE INC COM | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 BUSINESS ENTITY | NAME Bunge LTD | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME ALIBABA GROUP HLDG LTD SPONSORED ADS | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME America Movil SAB de CV | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME BANCOLOMBIA SA ADR | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|---|
| 1 BUSINESS ENTITY | NAME |
| | JD COM INC SPON ADR CL A |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| BUSINESS ENTITY | NAME |
| | NetEase Inc |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|--|---|
| BUSINESS ENTITY | NAME |
| | Turkcell Iletisim Hizmetleri AS |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| BUSINESS ENTITY | NAME |
| | CITIGROUP INC COM |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 BUSINESS ENTITY | NAME EHEALTH INC COM | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME GILEAD SCIENCES INC COM | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME Irsa Inversiones y Representaciones SA | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME Check Point Software Technologies LTD | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 BUSINESS ENTITY | NAME Legacy Texas Financial Group Com | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME BANCO ITAU HLDG FINANCIERA S SP ADR 500 | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|--|--|--|---|
| BUSINESS ENTITY | NAME WEATHERFORD INTL PLC ORD SHS | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME Capitol Federal Financial | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|---|--|--|--|
| 1 BUSINESS ENTITY | NAME Pfizer Inc | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|---|--|--|--|
| BUSINESS ENTITY | NAME Icici Bank LTD Sponsored ADR | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|---|--|--|--|
| BUSINESS ENTITY | NAME Valero Energy Corporation | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|---|--|--|
| BUSINESS ENTITY | NAME One World Holding Inc. | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|---|--|--|
| 1 BUSINESS ENTITY | NAME Bank of America Corp | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|---|--|--|
| BUSINESS ENTITY | NAME Incyte Pharmaceutical | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|---|--|--|
| BUSINESS ENTITY | NAME Incyte Pharmaceutical | | | |
| STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|---|--|--|
| BUSINESS ENTITY | NAME APPLE INC COM | | | |
| STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 BUSINESS ENTITY | NAME BAIDU INC SPON ADR REP A | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|---|--|--|
| BUSINESS ENTITY | NAME ishares MCSI Turkey Index Fund | | | |
| STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME ALIBABA GROUP HLDG LTD SPONSORED ADS | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME AMERICAN AIRLS GROUP INC COM | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|---|
| 1 BUSINESS ENTITY | NAME |
| | APPLE INC COM |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| BUSINESS ENTITY | NAME |
| | BAIDU INC SPON ADR REP A |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| BUSINESS ENTITY | NAME |
| | BIOGEN IDEC INC |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| BUSINESS ENTITY | NAME |
| | CITIGROUP INC COM |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input checked="" type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--|---|
| 1 BUSINESS ENTITY | NAME FACEBOOK INC COM USD0.000006 CL A |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| BUSINESS ENTITY | NAME REGENERON PHARMACEUTICALS COM |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| BUSINESS ENTITY | NAME TEEKAY CORPORATION COM |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input checked="" type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|--|---|
| BUSINESS ENTITY | NAME TWITTER INC COM |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 BUSINESS ENTITY | NAME WEIBO CORP SPONSORED ADR | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|--|
| BUSINESS ENTITY | NAME TWITTER INC COM | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|--|---|--|--|
| BUSINESS ENTITY | NAME Bioverativ.Inc. - Common Stock | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input checked="" type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|---|--|--|
| BUSINESS ENTITY | NAME FACEBOOK INC COM USD0.000006 CL A | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|---|
| 1 BUSINESS ENTITY | NAME |
| | WEIBO CORP SPONSORED ADR |
| 2 STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 NUMBER OF SHARES | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| BUSINESS ENTITY | NAME |
| | SOHU.com LTD SP ADR |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| BUSINESS ENTITY | NAME |
| | IRSA Propiedades Comerciales S.A. |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|--|---|--|--|--|
| 1 MUTUAL FUND | NAME Texas Instruments 401(k) Income Fund Units | | | |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|---|---|--|--|
| MUTUAL FUND | NAME Texas Instruments 401(k) Stock Fund Units | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|---|--|--|--|
| MUTUAL FUND | NAME Vanguard US Growth Admiral | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|---|---|--|--|
| MUTUAL FUND | NAME Texas Instruments 401(k) Stock Fund Units | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 MUTUAL FUND | NAME Vanguard Emerging Markets Stock Index Fund Admiral | | | |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input checked="" type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|--|--|--|--|
| MUTUAL FUND | NAME ERS - the number of shares is for the cash balance range | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input checked="" type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|--|--|--|--|
| MUTUAL FUND | NAME LIFESTYLE 2020 | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 to 9,999 | <input checked="" type="checkbox"/> 10,000 OR MORE | | |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|--|--|--|--|
| MUTUAL FUND | NAME LIFESTYLE 2020 | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 to 9,999 | <input checked="" type="checkbox"/> 10,000 OR MORE | | |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 SOURCE OF INCOME | NAME AND ADDRESS | | | |
| <input checked="" type="checkbox"/> Publicly held corporation | CITIGROUP INC COM ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| 2 RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ | | | |
| 3 AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |
| | | | | |
| SOURCE OF INCOME | NAME AND ADDRESS | | | |
| <input checked="" type="checkbox"/> Publicly held corporation | AMERICA MOVIL SAB DE CV ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ | | | |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |
| | | | | |
| SOURCE OF INCOME | NAME AND ADDRESS | | | |
| <input checked="" type="checkbox"/> Publicly held corporation | Anthem Inc. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ | | | |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |
| | | | | |
| SOURCE OF INCOME | NAME AND ADDRESS | | | |
| <input checked="" type="checkbox"/> Publicly held corporation | BANCO ITAU HOLDING FINANCIERA S SP ADR 500 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ | | | |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | UNITED HEALTH GROUP INC COM ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| 2 RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|--|
| SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | INTERCONTINENTAL EXCHANGE GROUP INC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|--|
| SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | Bunge LTD ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|--|
| SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | Legacy Texas Financial Group Com ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--|--|
| 1 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation | NAME AND ADDRESS Apple Inc COM ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| 2 RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation | NAME AND ADDRESS Capitol Federal Financial ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation | NAME AND ADDRESS NetEase, Inc ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation | NAME AND ADDRESS Chevron Corp New Com ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | Gilead Sciences Inc COM ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| 2 RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|--|
| SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | Pfizer Inc ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|--|
| SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | Bank of America ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | |
|---|--|
| SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | Valero Energy Corporation ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--|--|
| 1 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation | NAME AND ADDRESS Vanguard US Growth Admiral ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| 2 RECEIVED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation | NAME AND ADDRESS Texas Instruments Incorporated 401(k) Stock Fund ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation | NAME AND ADDRESS Texas Instruments Incorporated 401(k) Stock Fund ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation | NAME AND ADDRESS Vanguard Emerging Markets Stock Index Fund Admiral ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | Apple Inc COM ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| 2 RECEIVED BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | Banco Colombia SA PREF ADR ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | TEEKAY CORPORATION COM ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> Publicly held corporation | Apple Inc Com ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|---|--|--|--|--|
| 1 SOURCE OF INCOME | NAME AND ADDRESS | | | |
| <input checked="" type="checkbox"/> Publicly held corporation | Citigroup Inc Com ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| 2 RECEIVED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ | | | |
| 3 AMOUNT | <input type="checkbox"/> \$500 - \$4,999 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |
| | | | | |
| SOURCE OF INCOME | NAME AND ADDRESS | | | |
| <input checked="" type="checkbox"/> Publicly held corporation | American AIRLS Group INC COM ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ | | | |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |
| | | | | |
| SOURCE OF INCOME | NAME AND ADDRESS | | | |
| <input checked="" type="checkbox"/> Publicly held corporation | One World Holding Inc. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ | | | |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |
| | | | | |
| SOURCE OF INCOME | NAME AND ADDRESS | | | |
| <input checked="" type="checkbox"/> Publicly held corporation | Anadarko Ptroleum Corp ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ | | | |
| AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Cort Furniture Rental |
| 2 LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 GUARANTOR | NONE |
| 4 AMOUNT | <input checked="" type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|--|
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | AMLI Eastside |
| LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | NONE |
| AMOUNT | <input type="checkbox"/> \$1,000 - \$4,999 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|---|
| 1 HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED] [REDACTED] |
| 3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Dallas |
| 4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | |
| 5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--------------------|--|
| 1 ORGANIZATION | DFW Asian-American Citizens Council |
| 2 POSITION HELD | Chair Emeritus |
| 3 POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | Greater Dallas American Asian American Chamber of Commerce |
| POSITION HELD | Past Chair |
| POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | Dallas Chinese Community Center |
| POSITION HELD | Board Member |
| POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | Innovation & Technology Caucus of the Texas House |
| POSITION HELD | Board Member |
| POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION | AT&T Performing Arts Center |
| POSITION HELD | Board Member |
| POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☐ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☒ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☒ N/A Part 11A - Business Associations
- ☒ N/A Part 11B - Assets of Business Associations
- ☒ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Angie C. Button

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath